



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 9.4

Title: Restrictive Status

I recommend the following inclusion or revision to the above referenced Administrative Directive
(provide detailed explanation regarding reason for change):

With regards to Administrative Directive 9.4, Restrictive Status, the language in section 9, Restrictive Housing Order solely permits for review by the Unit Administrator. It is recommended that the verbiage is changed to permit that use of a designee can also fulfill this review and requirement. Specifically, the following changes are recommended.

Section 9. Restrictive Housing Status. The initial placement requirements for inmates placed on restrictive housing status, Administrative Detention or Transfer Detention shall be in accordance with Attachment B, Restrictive Housing Status Matrix.

A. Placement Order. In order to protect the inmate or others, the Unit Administrator or designee may order an inmate's placement on restrictive housing status, Administrative Detention or Transfer Detention by completing CN 9401, Restrictive Housing Unit Status Order, stating the specific reasons for placement. Copies shall be distributed as designated on CN 9401, Restrictive Housing Unit Status Order. The Unit Administrator or designee shall receive the original copy of the order within 24 hours or the following business day after placement. The Unit Administrator or designee shall **see ensure** that the required reviews are performed and documented on CN 9401, Restrictive Housing Unit Status Order.

See attached documents

ORIGINATOR

Name: James DelPeschio

Title: Lieutenant

Date: 5/29/2020

Signature: *J. DelPeschio*

Facility/Unit: Office of Standards and Policy

OFFICE OF STANDARDS AND POLICY REVIEW:

Reviewed by:



Office of Standards and Policy Staff signature:

Anthony Lancelotti

Date: 6/4/20

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:

Approved

Denied



Unit Administrator's signature:

Date:



District Administrator's signature:
(only needed if originating from facility)

Melissa Mully

Date: 6-4-2020



Division Administrator's signature:

Date:

COMMISSIONER'S DECISION:

This request is:

APPROVED

DENIED

Effective date of request:



The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:

Date:



This inclusion/revision shall be added to the Administrative Directive prior to:

Date:



This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature:

Carol J. James (Acting Commissioner)

Date: 6/22/2020